



Therapeutic Associates Inc.
 7100 Fort Dent Way, Ste 220
 Seattle, WA 98188
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 dorothyk@taiweb.com
COURSE COORDINATOR: Dorothy Klemetson

REGISTRATION

Name and certification _____	Clinic _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____
Phone _____	Phone _____
Email _____	Fax _____

Please print your name as you wish it to appear on your course certificate. _____

NAI 600 LEVEL II INTERMEDIATE UPPER QUADRANT

Part A: March 19-21, 2010 Part B: April 9-11, 2010
 Bill C. Temes, PT, MS, OCS, COMT, FAAOMPT

James B. McKillip Center, Seattle (Tukwila)

Attending: Part A _____ Part B _____ Both A & B _____

<input type="checkbox"/> Early tuition (due JAN 19, 2010)	\$420/one part _____	\$840/both A & B _____
<input type="checkbox"/> Full Tuition (after JAN 19, 2010)	\$450/one part _____	\$900/both A & B _____

Please submit a copy of your current license with your registration form.

TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE MUST BE PAID BY JANUARY 19, 2010

Check payable to "THERAPEUTIC ASSOCIATES, INC."

VISA/Mastercard/Discover: _____ exp date: _____

BILLING ADDRESS ZIP: _____

Signature _____

PLEASE MAKE SURE TO INCLUDE YOUR BILLING ADDRESS ZIPCODE FOR CREDIT CARD PROCESSING

Cancellations less than 7 days prior to the course will not be refunded, but fee may be applied towards a future Washington state NAIOMT course.
 Receipt and confirmation packet will be sent once your registration has been processed.